## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076
Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]

1. Name and Mailing Address of Re	nation s of Re	spondent														
Touch Tel Corp. P.O. Box 4008 Burlingame, CA 94011-4008	1011-	4008												Che is a add	Check here if this is a change of address.	
<ol> <li>Year Report Filed</li> <li>2018</li> </ol>			3. Reporting Period Period Covered b	Period (Encovered by Re	Reporting Period (Ending Date of Pay Period Covered by Report)	ay		4. Number of Reporting	4. Number of Full-Time Employees during Selected Reporting Period (check one): a. IV Fewer than 16 (compilets Sections 1.1V) and V and V.	nployees du k one):	ring Selected	d V Opk				
SECTION II - Full-Time Employees.	loyees				-			b. L 16	or more (com	plete all sec	tions)					
								Num (Report empl	Number of Employees (Report employees in only one category)	yees one categor	5					
Job	_								Race/Ethnicity	ĺ						
Categories		Hispa La	Hispanic or Latino						Not-Hispanic or Latino	ic or Latino						Tota
						Male	ale					Female	ale			Columns A - N
	I	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	
Executive/Senior Level	=======================================	Þ	В	0	0	т	П	G	I	-	۷	7	-	3	z	0
First/Mid-Level Officials and	1,2															
Professionals	٥															
- Consideration																0
Technicians	ω															0
Sales Workers	4											1				0
Workers	ζ <sub>1</sub>															0
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	00															0
Service Workers	60								11							0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	=															0

								(Report emp	Number of Employees (Report employees in only one catego	oyees one category)	<b>5</b>					
Job									Race/Ethnicity	Ą						
Categories		Hispanic or	iic or						Not-Hispa	Not-Hispanic or Latino						Tota
-		Lau	8			~	Male					Fer	Female			Columns A - N
	-	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	2
	П	Þ	В	0	D	ш	Ŧ	G	I	-	۷	7	-	3	z	0
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	22															0
Technicians	ω															0
Sales Workers	4															0
Administrative Support Workers	Ch															0
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11															0
SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.  This is to advise the Commission that no complaints regarding violations of the equal employment provision	imination ne Commis	Complain sion that	nts Pursuar	nt to 47 CFR	22.321, 23.5 violations of t	5, 90.168, 10. the equal emp	1.4, and 101. loyment prov	311. Isions of Fede	ral, state, tem	itorial, or loca	I statutes hav	e been filed aç	yainst this			
company before any body having competent jurisdiction in such matters during the calendar year covered by this report.  This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company.  (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	ny body ha ne Commis ating partie	aving com ssion that i ss involved	petent jurisd the following d, date filed,	iction in such complaints a courts or ago	n matters duri alleging viola encies before	ing the calend tions of the pro- which the ma	ar year cover ovisions of ar atter has beer	ed by this rep ny equal empl nheard, file nu	ort. syment oppori	tunity statute designation,	have been file and current s	d against this tatus or dispo	company.			
ify that to the best of my k	nowledge,	informatic	on, and belie	f, all stateme	nts in this rep	oort are true a	nd correct.		<b>)</b>							
5/23/18	R. Co	Cooper	R. Cooper	n Signing			Signature		1				Telephone No. 650-697-1000	7-1000		
Title of Person Signing					WILLFULLY	FALSE STAT	EMENTS MA	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION	FORM ARE F	O INICLIANT T	BY EINE AND			100 4004		